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APPLICANTS

John B. Cline, New Brunswick, NJ;

** CONTINUING DATA ***** *M6B*

This application is a CON of 10/107,998 03/27/2002 PAT 6,723,079

** FOREIGN APPLICATIONS ***** *M6B*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	10	28	2
Verified and Acknowledged	<i>njb</i> Examiner's Signature Initials				

ADDRESS

25881
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TITLE

Controlled evacuation ostomy device with external seal

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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